2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/12/2008-90016-013-$538.75-$538.75

DOCUMENT # L07000029986

1. Entity Name
TREASURE COAST REALTORS, LLC

FILED

2008 SEP 25 P 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1645 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957 US	1645 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2546354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIGGETT, JEFFREY 1665 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIGGETT, JEFFREY 1665 NE JENSEN BEACH BLVD. JENSEB BEACH, FL 34957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1645 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTOVER, BRADLEY 1665 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1645 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thomas G. Coleman [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #